

House Bill 1308 (AS PASSED HOUSE AND SENATE)

By: Representative Brown of the 69th

A BILL TO BE ENTITLED
AN ACT

To amend Chapter 8 of Title 31 of the Official Code of Georgia Annotated, relating to the care and protection of indigent and elderly patients, so as to change certain provisions relating to the maximum amount of aggregate nursing home provider fees which must be paid; to change certain provisions relating to the assessment, calculation, and payment of quality assessment fees on care management organizations; to provide for related matters; to provide for an effective date; to repeal conflicting laws; and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.

Chapter 8 of Title 31 of the Official Code of Georgia Annotated, relating to the care and protection of indigent and elderly patients, is amended in Code Section 31-8-164, relating to the nursing home provider fee based on patient day, by striking subsection (a) and inserting in lieu thereof the following:

"(a) Each nursing home shall be assessed a provider fee with respect to each patient day for the preceding quarter, excluding medicare program patient days. The provider fee shall be assessed uniformly upon all nursing homes, except as provided in Code Section 31-8-168. The aggregate provider fees imposed under this article shall not exceed the maximum amount that may be assessed pursuant to the percentage limitation of the first prong of the test for an indirect guarantee set out in ~~the 6 percent indirect guarantee threshold set forth in~~ 42 C.F.R. Section 433.68(f)(3)(i)."

SECTION 2.

Said chapter is further amended by striking Code Section 31-8-173, relating to the assessment, calculation, and payment of quality assessment fees on care management organizations, and inserting in lieu thereof the following:

"31-8-173.

(a) Each care management organization shall be assessed a quality assessment fee, in an amount to be determined by the department based on anticipated revenue estimates included in the state budget report, with respect to its gross direct premiums ~~for the preceding quarter~~. The quality assessment fee shall be assessed uniformly upon all care management organizations. The aggregate quality assessment fees imposed under this article shall not exceed the maximum amount that may be assessed pursuant to ~~the 6 percent indirect guarantee threshold set forth in~~ 42 C.F.R. Section 433.68(f)(3)(i).

(b) The quality assessment fee shall be paid ~~quarterly~~ monthly by each care management organization to the department. A care management organization shall calculate and report its gross direct premiums upon a form prepared by the department and submit therewith payment of the quality assessment fee no later than the ~~thirtieth~~ tenth day ~~following the end of each calendar quarter~~. month, or in the discretion of the department and upon agreement of the care management organization, said amount may be calculated and withheld by the department from the current month's premium payment. Unless the department withholds the fee from the premium payment, the The initial quality assessment fee report shall be filed and the initial payment of the quality assessment fee shall be submitted no later than ~~April 30, 2006~~. the tenth day of the first month in which premiums are paid to the care management organizations for medical assistance to recipients. Unless the department withholds the fee from the premium payment, a ~~A~~ care management organization shall calculate and report the initial quality assessment fee using information about its gross direct premiums for the ~~quarter ending March 31, 2006~~ first month in which premiums are paid to the care management organizations for medical assistance to recipients."

SECTION 3.

This Act shall become effective on April 1, 2006 or upon its approval by the Governor, whichever last occurs, or upon its becoming law without such approval.

SECTION 4.

All laws and parts of laws in conflict with this Act are repealed.